

To: SMMC Volunteers

From: Yousef Turshani, MD, Chief Medical Officer & Clark Telar, Infection Control/Employee Health Manager

Subject: SMMC Employee Health Requirements

San Mateo Medical Center is committed to the health and well-being of all its staff and medical providers. As part of that commitment, we ask that you provide us with the following information. **Please note that all health requirements below are required in order to volunteer at SMMC.**

**1. Tuberculosis [Required]**

- Fill out the attached TB Screening form and submit documentation of your most recent TB test. Testing must have been done within the last one year. We do accept either PPD skin test or QuantiFERON (QFT) blood test.

**2. Measles, Mumps, Rubella and Varicella [Required]**

- Submit proof of immunity to Measles, Mumps, Rubella and Varicella. Immunity must be demonstrated by serological evidence (titers) or documentation of 2 vaccinations.
- If titers are below a level indicating immunity, you must receive a boosting dose of vaccine and submit documentation of vaccination.

**3. Hepatitis B [Required]**

- Submit proof of immunity. If titers are below a level indicating immunity, it is recommended that you receive a boosting dose of vaccine. However, you have the right to decline by filling out and submitting the attached form.

**4. Influenza [Required]**

- SMMC provides the vaccine free of charge during flu season. If you choose not to be vaccinated, you are required to wear a surgical mask in any patient care area for the entire flu season (October-May) per policy. If you received vaccination elsewhere, you must provide proof of vaccination to SMMC Employee Health by filling out the attached form.

**5. Tdap [Required]**

- Documented Tdap vaccine within the last 10 years. You have the right to decline vaccination, please fill out attached form.

**6. COVID-19 Vaccine (Primary Series and Booster) or Approved Exemption [Required]**

- Documented proof of being **up to date** (fully vaccinated with primary series and boosted) with COVID-19 vaccinations
  - Primary Series: Completing a 2-dose series (Pfizer or Moderna) or a single-dose vaccine (Janssen)
  - Booster: Completing a booster of any of the COVID-19 vaccines authorized in the US (Pfizer or Moderna preferred) given at least 2 months and no more than 6 months after the last dose of the primary series
- If you are unable to be vaccinated because of medical or religious reasons, then you must file for an exemption. Please email [HS\\_SMMC\\_Employee\\_Health@smcgov.org](mailto:HS_SMMC_Employee_Health@smcgov.org) to request the documentation needed to file and submit your exemption.

**7. N95 Fit Testing [Highly Recommend Completing Prior to Start of Work; Required After Start Date]**

- All staff working in direct patient care must be N95 Fit Tested upon hire and annually. If you have been N95 Fit Tested elsewhere, please provide documentation of the date tested and the size you were fitted for (if providing documentation of fit testing from another facility, the N95 must be a brand/model/size that SMMC carries).
- If you have not completed your N95 Fit Testing prior to starting work, then you must complete it within **30 days of your start date**. You can only start direct patient care once you have completed your N95 Fit Testing. See attached calendar for SMMC's upcoming Fit Testing sessions; this calendar is also available on the SMMC intranet. If you are unable to attend one of the upcoming sessions, please email [HS\\_SMMC\\_Employee\\_Health@smcgov.org](mailto:HS_SMMC_Employee_Health@smcgov.org) to schedule a fit testing appointment.

Please contact the IC Hotline at 650-573-4744 or email [HS\\_SMMC\\_Employee\\_Health@smcgov.org](mailto:HS_SMMC_Employee_Health@smcgov.org) with any questions.

## San Mateo Medical Center - Health Clearance Check List

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Cleared by EH: \_\_\_\_\_

### Please check the following box:

☐ I am a volunteer and will submit the required medical screening documents listed below:

### Tuberculosis (Required)

☐ Annual Health Screening and Tuberculosis Surveillance (attached)\* **AND**

☐ Documentation of most recent TB test. ***Must have been done in the last 1 year\****

### Measles, Mumps, Rubella, and Varicella (Required)

☐ Documentation of Titers **OR**

☐ Documentation of 2 vaccinations

### Hepatitis B (Required)

☐ Documentation of Titers **OR**

☐ Documentation of 3 vaccinations

☐ Declination signed (attached)\*

### Influenza (Required)

☐ Documentation of Flu Vaccination **AND**

☐ SMMC Flu Form (attached)\*

### Tdap (Required)

☐ Submit documentation of vaccine. ***Must have been done within the last 10 years\**** **OR**

☐ Declination signed (attached) \*

### COVID-19 (Required)

☐ Submit documentation of COVID-19 Vaccination Primary Series (1<sup>st</sup> and 2<sup>nd</sup> Dose of Pfizer or Moderna OR Single dose of Janssen)

☐ Eligible for COVID-19 Booster: Submit documentation of COVID-19 Vaccination Booster (Any COVID-19 vaccine authorized in the US as a booster – Pfizer or Moderna preferred)

Eligible for 2023-2024 updated COVID-19 vaccine: Submit documentation of 2023-2024 updated COVID-19 vaccine.

☐ Declining COVID-19 Vaccination Primary Series, Booster and 2023-2024 updated COVID-19 vaccine: COVID-19 Exemption Forms submitted and approved

### N95 Fit Testing (Highly Recommend Completing Prior to Starting; Required Within 30 Days of Start Date)

☐ Fit tested elsewhere. ***Submit documentation for current year\**** **OR**

☐ Will get fit tested on next available date at SMMC

